

Bureau of Licensure and Certification

*Accepted 1/15/09* *MB Spangola RN HHSB*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN118AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/09/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HORIZON HILLS RESD GRP CARE II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8085 MOHAWK LN RENO, NV 89506</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/9/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for five Residential Facility for Group beds for elderly disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training  NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.  This Regulation is not met as evidenced by: Based on record review on 12/9/08, the facility failed to ensure that 1 of 2 caregivers received eight hours of annual training (Employee #1).  Severity: 2 Scope: 3	Y 070	Y070 The Administrator must see to it that one of the qualifications of a caregiver must received an 8 hours training annually. Based on NAC 449-196(1)(f)  This 8 hours training was already meet by caregiver #1, however the copy was not included in the personnel file.  05/02.2008 12/10/2008  Attachment #1 - 2 pages Tag, Y070 Alzheimer's Disease 6 hours 05/02/2008 RC/AL Administrator Training 3 hrs 12/10/2008	OK MPT

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AND CERTIFICATION  
CARSON CITY, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE **ADMINISTRATOR** (X6) DATE **1/3/09**

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Y 088 SS=C	<p>4493199(4) Staffing Schedule</p> <p>NAC 449.199</p> <p>4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the administrator failed to maintain a monthly staffing schedule and failed to retain copies for the 6 of 6 months.</p> <p>Severity: 1 Scope: 3</p>		Y 088	<p>Y 088 That the Administrator must make sure that written schedules of staff and must be retained for at least 6 months after it expires. This is based on NAC 449-199</p> <p>The Administrator must always be sure that written schedule for Staffs must be strictly accomplished, maintained and retained up to 6 months when it expires.</p> <p>Attachments #2, Tag Y088 Written Schedule of Staff for Facility #II.</p> <p>12/10/2008</p>	
Y 272 SS=A	<p>449.2175(3) Service of Food - Menus</p> <p>NAC 449.2175</p> <p>3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, menus had not been kept on file for 90 days.</p> <p>Severity: 1 Scope: 1</p>		Y 272	<p>Y272 MENUS must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Based on NAC 449-2175(3)</p> <p>The Administrator will do a written planned dated daily, weekly and monthly advance scheduled MENUS that is dated, posted, and kept on file for 90 days.</p> <p>12/10/2008</p>	
Y 878 SS=D	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p>		Y 878	<p>Attachment #3 (4 pages) Tag Y272 A written new weekly Menus with changes and started as of 12/10/2008</p>	

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Y 878	Continued From page 2  6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.  This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the facility failed to ensure that 1 of 4 residents received a bedtime medication as prescribed (Resident #1).  Severity: 2 Scope: 1	Y 878	Y878 The Administrator must ensure that all Residents will receive Medication as prescribed by their respective physicians and must be administered and followed strictly as prescribed and as ordered by their physician. 01/15/2009	OK MPH 1/15/09
Y 898 SS=B	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898	Y898 That the Administrator will ensure that the Medication Administration Record (MAR) will be signed and followed with accuracy in accordance to the physician's medication instructions and orders. 01/15/2009	OK MPH 1/15/09

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STATE FORM 6200 1M4N11

If continuation sheet 3 of 4

*Handwritten signature* 1/15/09

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Y 878	Continued From page 2  6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.  This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the facility failed to ensure that 1 of 4 residents received a bedtime medication as prescribed (Resident #1).  Severity: 2 Scope: 1	Y 878	Y878 The Administrator must see to it that all Medication prescribed by a physician must be administered as prescribed by the physician. That Resident #1 is confused and agitated once he cannot take the bedtime medication OLANZAPINE 15 MG TAKE TWO TABLETS BY MOUTH AT BEDTIME AND TAKE ONE TABLET EVERYDAY AS NEEDED FOR AGITATION. This is the medication prescribed by his physician Dr. of the VA Medical Center. In this situation, the Administrator / caregiver were not able to sign the Medication Administration Record (MAR) showing that the medication prescribed for Resident #1 were not given as per prescribed by the physician. After consultation with the physician by the caregiver regarding the incident the physician look at the dates of refills of the medication. It shows that the medications for Resident #1 were given on those days and times prescribed since the refill indicates that the medication were consumed at the right time and days versus the number of refills delivered plus the tablets supposed to be given as needed.	
Y 898 SS=B	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

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Y 898	Continued From page 3  This Regulation is not met as evidenced by: Based on record review on 12/9/08, the facility failed to ensure the medication administration record (MAR) was accurate in the instructions for administration of a medication for 1 of 4 residents (Resident #1).  This was a repeat deficiency from the 1/24/08 State Licensure survey.  Severity: 1 Scope: 2	Y 898	Continued from page 3  However, Resident #1 do not take those as needed pills since two tablets were already enough for him to be good without confusion and agitation. Attachment #4 Tag Y878 Medication refill printout from the physician of Resident #1 at the VA Medical Center. 12/24/2008	ok mff
Y 944 SS=A	449.2749(2) Resident File / Discharge  NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.  This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the facility did not provide proper documentation regarding a resident who had been discharged (Resident #5).  Severity: 1 Scope: 1	Y 944	Y898 The Administrator will now follow strict compliance and double check all entries in the Medication Administration Records (MAR) so any orders prescribed by physicians will be followed without errors. 01/03/2009  Y944 The Administrator will see to it that when discharges arises proper documentations must be performed. Indicate location to which the resident was transferred or a person to whose care the resident was discharged. In case of death, time and date must be indicated and the date when the contact person or relative was contacted to inform the death of the resident. 12/24/2008  Attachment #5 Tag Y944 Discharge paper of resident #5	OK mff 1/15/09

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